

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000044346

FILED
Jul 15, 2009
Secretary of State**Entity Name:** MEDI-MEDI BENEFITS, LLC**Current Principal Place of Business:**211 RED MAPLE DR
KISSIMMEE, FL 34743**New Principal Place of Business:**13 SILVER PARK CIR
KISSIMMEE, FL 34743**Current Mailing Address:**211 RED MAPLE DR
KISSIMMEE, FL 34743**New Mailing Address:**13 SILVER PARK CIR
KISSIMMEE, FL 34743**FEI Number:** 26-2532692**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**URIBE, GIOVANNY
211 RED MAPLE DR
KISSIMMEE, FL 34743 US**Name and Address of New Registered Agent:**URIBE, GIOVANNY
13 SILVER PARK CIR
KISSIMMEE, FL 34743 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GIOVANNY URIBE

07/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: URIBE, GIOVANNY
Address: 211 RED MAPLE DR
City-St-Zip: KISSIMMEE, FL 34743Title: MGR (X) Delete
Name: PEREZ, NERSA
Address: 211 RED MAPLE DR
City-St-Zip: KISSIMMEE, FL 34743**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GIOVANNY URIBE

MGRM

07/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date